# FEB 1 1 2002

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No. 873	.0100.U1(US)			
As a below named inventor, I hereby declare that:				
My residence, po	My residence, post office address and citizenship are as stated below next to my name.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  Method and Apparatus for Performing System Selection in Prepaid Mobile Stations				
the specification	of which			
(check one)	is attache	d hereto.		
_	X was file	d on <u>September 27, 2001</u>	as Application	on Serial No. <u>09/965,784</u>
_	and/or th	at was amended on		<del>-</del>
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.				
I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.				
I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate(s) listed below and have also identified below any foreign application(s) for patent or inventor's certificate(s) having a filing date before that of the application on which priority is claimed:				
Prior Foreign A	application(s)		Priority (	Claimed
(Number)	(Country)	(Day/Mon/Year Filed)	Yes	_ No
(Number)	(Country)	(Day/Mon/Year Filed)	Yes	_ No
(Number)	(Country)	(Day/Mon/Year Filed)	Yes _	No
		3		

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

60/298,749	June 15, 2001	Pending
(Application Serial No.)	(Filing Date)	(Status)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorneys and/or agents listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Steven Shaw	39,368
Brian Rivers	41,270
Milan Patel	41,242

and all Attorneys and/or Agents listed under Customer Number: 29683 including:

#### NAMES

#### **REGISTRATION NUMBERS**

Mark F. Harrington	31,686
Harry F. Smith	32,493
Kevin P. Correll	46,641

### SEND CORRESPONDENCE TO:

Customer Number: 29683.

## DIRECT TELEPHONE CALLS TO:

Harry F. Smith

Harrington & Smith, LLP Telephone:(203)366-4084 Facsimile: (203)366-4109

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2

FULL NAME OF INVENTOR	LAST NAME McElwain	FIRST NAME John	MIDDLE INITIAL	
RESIDENCE & CITY CITIZENSHIP	STATE OR CO	UNTRY	CITIZENSHIP USA	
POST OFFICE ADDRESS	P.O. ADDRESS 6727 Bluffview		CITY, STATE & ZIP Fort Worth, Texas 7613	2
Inventor's Signature	MaClian	Date/0/3	oloi	,
FULL NAME OF INVENTOR	LAST NAME Katekeetta	FIRST NAME Petri	MIDDLE INITIAL	
RESIDENCE & CITY CITIZENSHIP	STATE OR CO	UNTRY	CITIZENSHIP FINLAND	
POST OFFICE ADDRESS	P.O. ADDRES: Hiidentie 2 A 1		CITY, STATE & ZIP Oulu, 90550 Finland	
Inventor's		Date		

full name Of inventor	LAST NAME McElwain	FIRST NAME John	MIODLE INITIAL
RESIDENCE & CITY CITIZENSHIP	STATE OR CO	UNTRY	CITIZENSHIP USA
POST OFFICE ADDRESS	P.O. ADDRES: 6727 Bluffview		CITY, STATE & ZIP Fort Worth, Texas 76132
Inventor's Signature	·	Date	I
FULL NAME OF INVENTOR	LAST NAME Katekeetta	FIRST NAME Petri	MIDDLE INITIAL
RESIDENCE & CITY CITIZENSHIP	STATE OR CO	UNTRY	CITIZENSHIP FINLAND
POST OFFICE ADDRESS	P.O. ADDRESS Hildentie 2 A 12		CITY, STATE & ZIP Oulu, 90550 Finland
Inventor's Pet	2-	Date 10/24	1/2001